



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Provider Healthcare Portal

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Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of February 13, 2017 Published: February 16, 2017	New document	FSSA and HPE
2.0	Policies and procedures as of July 1, 2017 Published: February 15, 2018	Scheduled update	FSSA and DXC
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4.0	Policies and procedures as of October 1, 2019 Published: February 25, 2020	Scheduled update: <ul style="list-style-type: none"> • Reorganized and edited text as needed for clarity • Added initial note box with standard wording • Updated links to the IHCP website • Removed Portal instructions for specific tasks and moved the information to the related provider modules (added cross-references to the applicable modules) • In the Introduction section, added a list of provider modules where Portal tasks can be found • Added a note regarding delegates to the Logging in to the Portal section • Added the Switch Provider and Switch Provider – For Delegates Assigned to Multiple Providers sections 	FSSA and DXC

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Provider Healthcare Portal

Note: For updates to the information in this module, see [IHCP Banner Pages and Bulletins](#) at in.gov/medicaid/providers.

Introduction

The Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) is an interactive, secure, and easy-to-use tool for providers to exchange information with the IHCP through the internet. Providers can access the [Provider Healthcare Portal](#) from the home page of the IHCP provider website at in.gov/medicaid/providers.

This module provides a user guide for setting up and maintaining an account on the Portal, logging in and navigating the Portal, and performing some general Portal functions such as sending secure correspondence. Instructions for *specific* Portal functions are described in the provider reference module associated with the particular function, such as the following:

- [Provider Enrollment](#) – Enroll, disenroll, and revalidate as an IHCP provider; view and update provider profile information.
- [Claim Submission and Processing](#) – Submit professional, institutional, and dental claims; search claims and payment history.
- [Member Eligibility and Benefit Coverage](#) – Verify member eligibility; review member coverage information, including IHCP benefit plan details, managed care assignment, benefit limits, cost-sharing requirements, and other insurance coverage if a member has Medicare or other third-party liability (TPL).
- [Obstetrical and Gynecological Services](#) – Submit a notification of pregnancy (managed care members only).
- [Prior Authorization](#) – Submit, search, view, and update prior authorization requests.
- [Presumptive Eligibility](#) – Enroll as a qualified provider (QP) for the Presumptive Eligibility (PE) process and complete PE member applications.
- [Claim Adjustments](#) – Perform voids and replacements of paid claims.
- [Financial Transactions and Remittance Advices](#) – View Remittance Advices (RAs); request electronic RA transmittals; sign up for electronic funds transfer (EFT).
- [Right Choices Program](#) – Submit provider referrals to a member's lock-in list.

For additional assistance, Help information is available at the top of each Portal page, by clicking the “?” icon. For telephone-based assistance, contact the Electronic Data Interchange (EDI) technical assistance line toll-free at 1-800-457-4584 (press option 3 twice to reach a Portal representative). Questions can also be sent by email to INXIXElectronicSolution@dx.com.

Website Requirements

Any web browser can be used to access the Portal and use its functions. However, for the best viewing experience, the following web browsers (with a screen resolution of 1024 × 768 pixels) are recommended:

- Microsoft Internet Explorer (two latest versions)
- Mozilla Firefox (two latest versions)

For viewing documents, the following software is required:

- Adobe Reader version 8.0 or higher
- Microsoft Office Suite 2000 or higher

The Portal will not function properly if special software is being used to block pop-up windows. Users are encouraged to disable pop-up blockers when accessing the Portal. See *Website Requirements* link at the bottom of the [Portal home page](#).

Portal Features

Through the secure and easy-to-use internet Portal, healthcare providers can perform a number of critical tasks online, including the following:

- Apply for enrollment as a Medicaid provider with the IHCP and update enrollment information:
 - Complete and submit a provider enrollment application.
 - Update enrollment information as needed, including address changes, specialty changes, adding or removing rendering providers, updating license information, and so on.
- Verify IHCP member eligibility:
 - Perform coverage verification by Member ID (also known as RID), Social Security number (SSN) and date of birth, or name and date of birth.
 - View information about a member's managed care entity (MCE), benefit limits, and other insurance coverage.
 - Obtain more response information than is provided by telephone via the Interactive Voice Response (IVR) system.
- Send inquiries and requests using secure correspondence:
 - Update information about a member's other insurance coverage/TPL.
 - Submit inquiries regarding provider enrollment status.
 - Request assistance with using the Portal.

The following Portal features are available only for fee-for-service, nonpharmacy services:

- Request prior authorization (PA):
 - Submit fee-for-service, nonpharmacy PA requests and attachments.
 - View PA status.
 - Update existing PA requests.
- Submit IHCP claims:
 - Electronically submit professional, dental, and institutional claims, including Medicare crossover claims, to the IHCP for immediate adjudication.
 - Reduce claim errors with the validity editing features that are built into certain fields of the Portal claim-entry process.
 - Copy, void, and edit (replace) claims.
 - Submit electronic attachments and notes.
 - Take advantage of extensive claim submission help.
- Search claims:
 - View claims for a billing provider for as many as 7 previous years.
 - View adjudicated claims in any status – paid, denied, or suspended.
 - Locate groups of claims by dates, claim type, claim status, Member ID, or Claim ID.
 - View paid amounts, explanation of benefits (EOB) messages, and other claim data.

- Search payment history:
 - Inquire about previously received payments by searching on the check or electronic funds transfer (EFT) date or specific check number or payment ID.
 - View the list of claims associated with each payment.
 - View specific claim information associated with a payment by clicking on the Claim ID.
- View current and historical Remittance Advices (RAs)
- Send inquiries and requests using secure correspondence:
 - Submit requests for claim-related administrative review or appeals.
 - Inquire about a claim or coverage issue.

Note: Claim submission and inquiry, RAs, payment inquiries, PA requests and inquiries, and some secure correspondence inquiries on the Portal are limited to fee-for-service, nonpharmacy services. These functions cannot be used for managed care services.

For billing, reimbursement, and PA procedures related to managed care services, contact the member's MCE. Billing, reimbursement, and PA for fee-for-service pharmacy services are handled by the IHCP pharmacy benefit manager, OptumRx. See the [IHCP Quick Reference Guide](#) at in.gov/medicaid/providers for MCE and pharmacy contact information.

Provider Representative and Delegate Roles

To use the Portal, providers must designate a representative, if they do not already have one. The following are the roles and responsibilities of the *provider representative*:

- Register a Provider account on the Portal. A separate Provider account must be created for each service location associated with the provider.
- Maintain compliance to *Health Insurance Portability and Accountability Act* (HIPAA) security and ensure that users do not share user IDs or passwords.
- Identify and manage Portal users, called *delegates*, who are authorized to work in the Provider account.
- Assign specific Portal access rights to delegates according to the user's business need. Delegates have access only to the functions assigned to them by the provider representative (or by a delegate authorized to manage delegates).
- Deactivate delegate access for all accounts (service locations) to which the delegate has access when staff changes occur or the delegate is no longer employed by the organization.

The provider representative grants a delegate access to perform specific Portal functions on his or her behalf.

Portal Security and Password Regulations

The Portal is HIPAA-compliant for direct data entry (DDE). Encryption and secure sockets layer (SSL) connections protect the data in transit. HIPAA security regulations require that security information is not shared; therefore, each user must have a unique user ID and password. The Portal password regulations meet the qualifications for HIPAA security. All passwords are case-sensitive.

As needed, users have the capability of resetting their own passwords from the Portal. For security reasons, the reset password process requires users to answer one of the challenge questions that they defined during the registration process. The Portal will email a new temporary password to the user's email address on file. The user will be prompted to change the temporary password the next time he or she logs on.

All user passwords expire after 60 days. The Portal notifies users when their password has expired and routes them to the *Change Password* page.

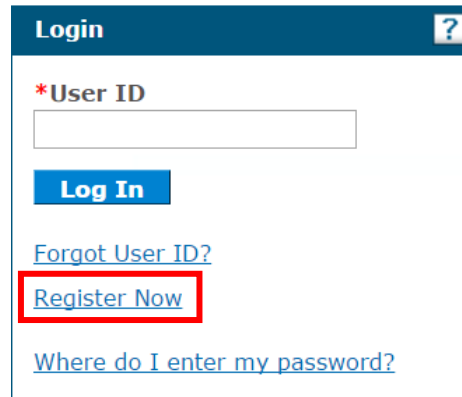
Portal Registration Process

Note: Providers must be enrolled in the IHCP before they can register a secure account in the Portal. The online provider enrollment application is publicly available on the [Provider Healthcare Portal](https://in.gov/medicaid/providers) (accessible from the home page at in.gov/medicaid/providers). The Portal does not require users to log in to a registered account to access and submit an enrollment application.

To start the registration process, access the [Provider Healthcare Portal](https://in.gov/medicaid/providers) (linked from the home page at in.gov/medicaid/providers) and complete the following steps:

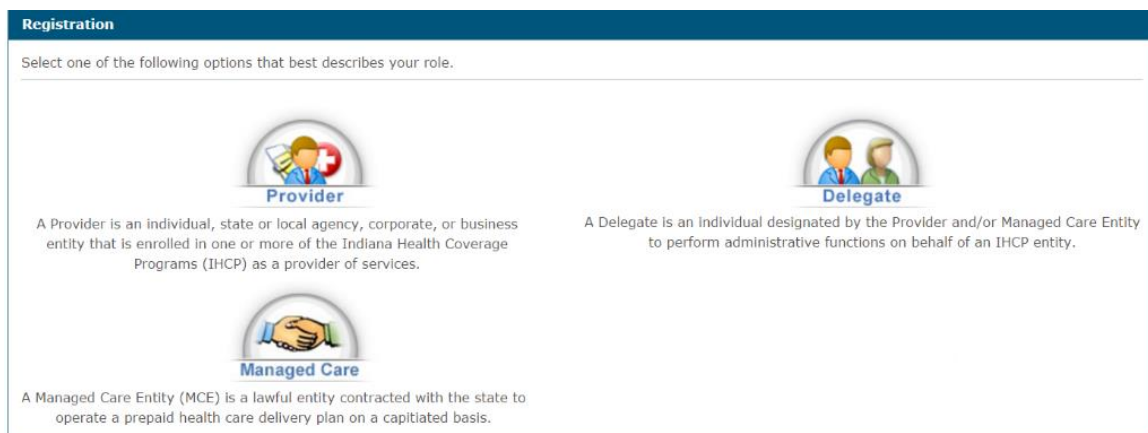
1. From the Login panel, click **Register Now**.

Figure 1 – Portal Login



2. On the *Registration* page, you will be prompted to select the type of account you are registering:
 - To register as the *provider representative* for the service location, click **Provider**.
 - To register as a *delegate* authorized to perform functions on behalf of the service location, click **Delegate**.

Figure 2 – Registration Account Types



3. After the registration type is selected, the Portal prompts you for the personal information that is required for the role selected. All fields in the *Personal Information* panel are required.

Figure 3 – Personal Information – Provider

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

If you are an individual registering as a rendering provider, please enter your Social Security Number as Federal Tax ID. If you are a business entity registering as a rendering provider, please enter your Federal Tax ID.

*Federal Tax ID

*Provider ID

Continue **Cancel**

Figure 4 – Personal Information – Delegate

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Birth Date

*Last 4 of Driver's License Number

*Delegate Code

Continue **Cancel**

Note: The delegate code is provided by the provider representative or authorized delegate who added the user as a delegate.

4. After entering the personal information, click **Continue**, and the Portal displays the *Security Information* panel.
5. The *Security Information* panel allows you to configure all your security and contact information.
 - User IDs in the Portal are unique, so after entering a user ID, you need to confirm that the user ID is available by clicking **Check Availability**.
 - After establishing an available user ID, complete all required fields in the panel, including selecting a password, display name, email address, site key (an image used as a mutual authentication between the user and the Portal), and passphrase.
 - The display name for a *Provider account* should uniquely identify the provider service location.
 - The display name for a *Delegate account* should uniquely identify the person associated with the Delegate account. Delegates should enter first and last name.

Figure 5 – Security Information

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID must be 8-20 characters in length, and contain a minimum of 1 numeric digit, 1 lowercase letter, no spaces, and none of the following special characters * \ / " : | < > + = ; , ? @ []. All letters in the User ID should be lowercase.

The Password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the User ID.

* User ID

* Password

* Confirm Password

Please provide your contact information below.

* Display Name






Phone Number

* Email Address

* Confirm Email Address

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

* Site Key:

☒ Apple
 ☐ Balloon
 ☐ Balloons
 ☐ Baseball
 ☐ Billiards

* Passphrase

6. As an added security feature, the Portal asks you to select three challenge questions that can be used to verify identity if the user logs on from a public or unregistered computer. These questions may also be used to help authenticate the user if a user gets locked out of the Portal or forgets his or her password.

Figure 6 – Challenge Questions

Please select a unique challenge question and provide an answer for each of the question groups below.

* Challenge Question #1

* Answer to #1

* Challenge Question #2

* Answer to #2

* Challenge Question #3

* Answer to #3

7. Finally, you must read and accept the *User Agreement* by entering your full name and clicking **Submit**.

Figure 7 – User Agreement

User Agreement

User Confidentiality Agreement

Based upon the execution of this agreement and under the authority of the Office of Medicaid Policy and Planning (OMPP), you are granted permission to access the Provider Healthcare Portal for the purpose of submitting and/or retrieving information concerning the Indiana Health Coverage Program (IHCP). Any other use of the Provider Healthcare Portal is strictly prohibited. As a condition to the grant of permission, you agree to the following:

1. That any and all provider enrollment information submitted via the Provider Healthcare Portal shall be true, accurate, and complete. That the accuracy of provider profile maintenance information submitted via the Provider Healthcare Portal is solely the responsibility of the provider.

By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

*Please sign by typing your full name here:

Submit **Cancel**

8. The Portal validates the submitted information and confirms the registration process.

Figure 8 – User Registration Acceptance

User Registration Accepted

Your registration information has been accepted.

You will receive a verification email that contains a secure link needed to complete registration. If you do not see an email, check your spam or junk mail folder.

OK

9. A registration verification email message is sent to the email address specified during registration. The message includes a link that contains embedded random data that identifies the user.

Figure 9 – Registration Verification Email

INXIX Electronic Solution
Registration Verification

To: User Name

Welcome User Name!

The registration information you entered for the Provider Healthcare Portal has been accepted.

The final step for completing your registration is to validate your email address. To do this, please click the link below and follow the instructions:

<http://hcmprod.xlnprod.xln.dcs-usps.com/hcp/provider/Home/RegistrationVerification/taid/g25/Default.aspx?pz12=EC7g5zfs%fnT22ETIP2p1r7A33d3d&p213=Verify&p6=nrl435/raflv/RpxDqqOUFWrtGw3d>

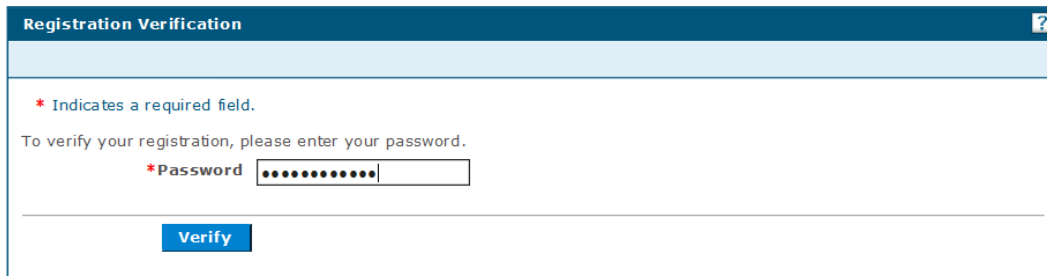
You will need the password you chose during registration to complete this step. If you do not remember your password, please contact us for assistance.

Sincerely,

Provider Healthcare Portal
Electronic Solutions Support
+1 800 457 4584
INXIXElectronicSolution@dxc.com

10. Click the link in the email to access a page where the password (created during the application process) is required to verify the registration.

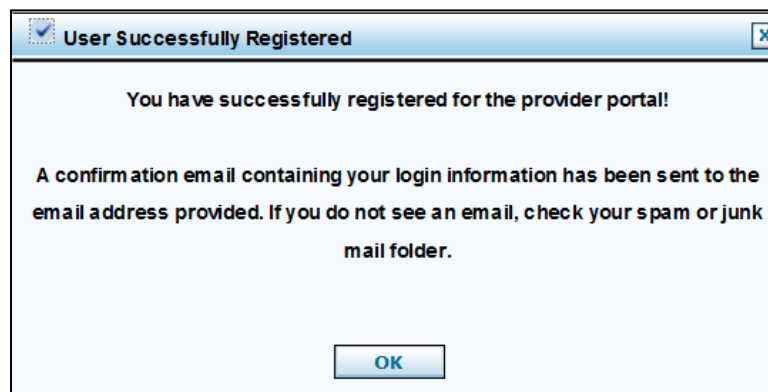
Figure 10 – Registration Verification Window



The image shows a web browser window titled "Registration Verification". At the top, there is a blue header bar with the title and a help icon. Below the header, a message states: "* Indicates a required field." followed by "To verify your registration, please enter your password." There is a text input field labeled "*Password" with a masked password "*****". Below the input field is a blue button labeled "Verify".

11. Upon successful verification, a *User Successfully Registered* message displays, and an email notification with credentials and login instructions is sent to the user's email.

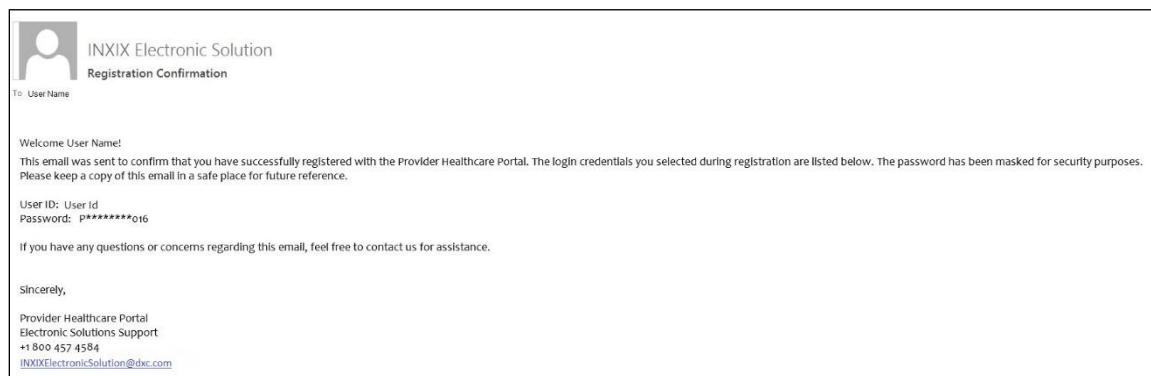
Figure 11 – Registration Confirmation Message



The image shows a dialog box titled "User Successfully Registered". The message inside reads: "You have successfully registered for the provider portal!" followed by "A confirmation email containing your login information has been sent to the email address provided. If you do not see an email, check your spam or junk mail folder." At the bottom of the dialog box is a button labeled "OK".

12. Click **OK** and check the email account provided during registration for the confirmation email.

Figure 12 – Registration Confirmation Email



The image shows an email from "INXIX Electronic Solution" with the subject "Registration Confirmation". The email content includes: "Welcome User Name!", "This email was sent to confirm that you have successfully registered with the Provider Healthcare Portal. The login credentials you selected during registration are listed below. The password has been masked for security purposes. Please keep a copy of this email in a safe place for future reference.", "User ID: User Id", "Password: P*****016", "If you have any questions or concerns regarding this email, feel free to contact us for assistance.", "Sincerely,", "Provider Healthcare Portal", "Electronic Solutions Support", "+1 300 457 4584", and "INXIXElectronicSolution@dx.com".

Logging in to the Portal

After a registered account has been established, users can log in by going to the [Provider Healthcare Portal](#) (accessible from the home page of the IHCP provider website at in.gov/medicaid/providers) and following these steps:

1. Enter the user ID established during registration and click **Log In**.

Figure 13 – Portal Login

Note: If you forgot your user ID, you can request to have it sent to your email address using the [Forgot User ID?](#) link.

2. Answer the challenge question and click **Continue**.
 - If you are using a public computer, **do not select the option to register the computer**. If you are logging in to the Portal on a personal computer used only by authorized individuals, you may select the associated radio button to register the computer. When a computer is registered with the Portal, the *Challenge Question* window will be skipped for future logins from that computer.
 - If you have forgotten your challenge question answer, use the *Forgot answer to challenge questions* link to ask for assistance.

Figure 14 – Challenge Question Window

3. Verify that the site key and passphrase shown in the window are correct; these selections were made when your password was created during account registration. If the site key and passphrase are correct, enter your password and click **Sign In**.


Note: If you don't remember your password, you can use the [Forgot Password?](#) link. You will then be required to answer one of the challenge questions you set up during the registration process. If you answer the challenge question correctly, a temporary password is sent to the email address on your profile. If you lock your account by entering the incorrect password too many times, the account will remain locked for 60 minutes before it becomes available again. To avoid delays, when you do not remember your password, it is always recommended to go directly to [Forgot Password?](#) link.

Figure 15 – Site Key and Passphrase Verification and Password Entry

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call [Electronic Solutions Support](#) to report the incident.

Site Key:



Passphrase

*Password

[Sign In](#)

[Forgot Password?](#)

- You will be required to read and accept the *User Confidentiality Agreement* the first time you log in to the Portal and annually thereafter. After reviewing the agreement, click **Accept**. *User Confidentiality Agreement* acceptance is a prerequisite to use the Portal.

Figure 16 – User Confidentiality Agreement

User Confidentiality Agreement

Based upon the execution of this agreement and under the authority of the Office of Medicaid Policy and Planning (OMPP), you are granted permission to access the Provider Healthcare Portal for the purpose of submitting and/or retrieving information concerning the Indiana Health Coverage Program (IHCP). Any other use of the Provider Healthcare Portal is strictly prohibited. As a condition to the grant of permission, you agree to the following:

- That any and all provider enrollment information submitted via the Provider Healthcare Portal shall be true, accurate, and complete. That the accuracy of provider profile maintenance information submitted via the Provider Healthcare Portal is solely the responsibility of the user. Users are responsible for the security of their information.
- To safeguard information concerning IHCP members that is obtained via the Provider Healthcare Portal, including, but not limited to:
 - Any information received regarding an IHCP member's eligibility, including, but not limited to, name, address, identification number, social and economical circumstances, medical services provided, and/or the member's medical data, including diagnosis and past history of disease or disability;
 - Any information received for verifying a member's amount of medical assistance payments and/or benefit limitation;
 - Any information received in connection with Third Party Liability; and
 - Any information received regarding Prior Authorization for medical services for a member under the IHCP program.
- That any unauthorized disclosure or use of the information is strictly prohibited. In accordance with Indiana Code 5-14-3-10 a public employee or a contractor or subcontractor of a public agency who intentionally or knowingly discloses information classified as confidential by state statute commits a Class A misdemeanor.
- That any unauthorized use, participation in the unauthorized use, or unauthorized modification of any information contained in the Provider Healthcare Portal shall constitute a violation of this agreement.
- That the failure to comply with the terms of this agreement will result in disciplinary action which may include, but is not limited to, the suspension of access to the Provider Healthcare Portal.
- That OMPP, or its agent, monitors and audits usage of the Provider Healthcare Portal, and you are hereby notified that use of this system constitutes consent to such monitoring and auditing.

Confidentiality Policy

Each Provider Healthcare Portal user is responsible for:

- Maintaining the strict confidentiality and privacy of member-specific information accessed through the Provider Healthcare Portal.
- Protecting access to the Provider Healthcare Portal by safeguarding User IDs and passwords. It is each user's responsibility to maintain the integrity of their User ID and password. It is imperative that this information not be shared among multiple users.

Adherence to this policy will:

- Prevent the violation of state and/or federal law concerning the safeguarding of confidential member information.**
- Reduce the risk of data loss by accidental or intentional modification, disclosure or destruction.
- Preserve all rights and remedies in the event of such loss.

[Accept](#) [Decline](#)

- After you log in, you see the Portal's *My Home* page.

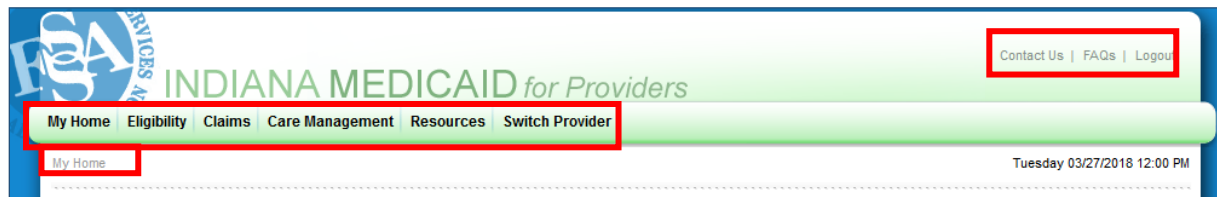
Note: For delegates assigned to more than one provider service location, before seeing the My Home page, the user will first be taken to the Switch Provider page to select which provider to be logged in under.

Portal Navigation Overview

The following basic navigation features (shown in Figure 17) appear on every page in the Portal:

- In the upper-right corner of each page are the following options:
 - Contact Us** links to a page that provides several methods to contact the IHCP with questions.
 - FAQs** provide several resources for information related to the IHCP and Portal.
 - Logout** protects your information by logging out of the Portal.
- The **menu bar** provides tabs for each page that the user has been given permission to see, as well as quick drop-down navigation to access the core functions of the *Claims* and *Care Management* pages.
- Below the menu bar, **breadcrumbs** indicate the page of the Portal you are currently viewing and the path you took to get there. By clicking on a page listed on the breadcrumbs, you can return to that page.

Figure 17 – Navigation Tools on the Portal



My Home

The following figure shows the different features on the Portal's *My Home* page, and the table describes these features and their functions.

Figure 18 – My Home Page Features

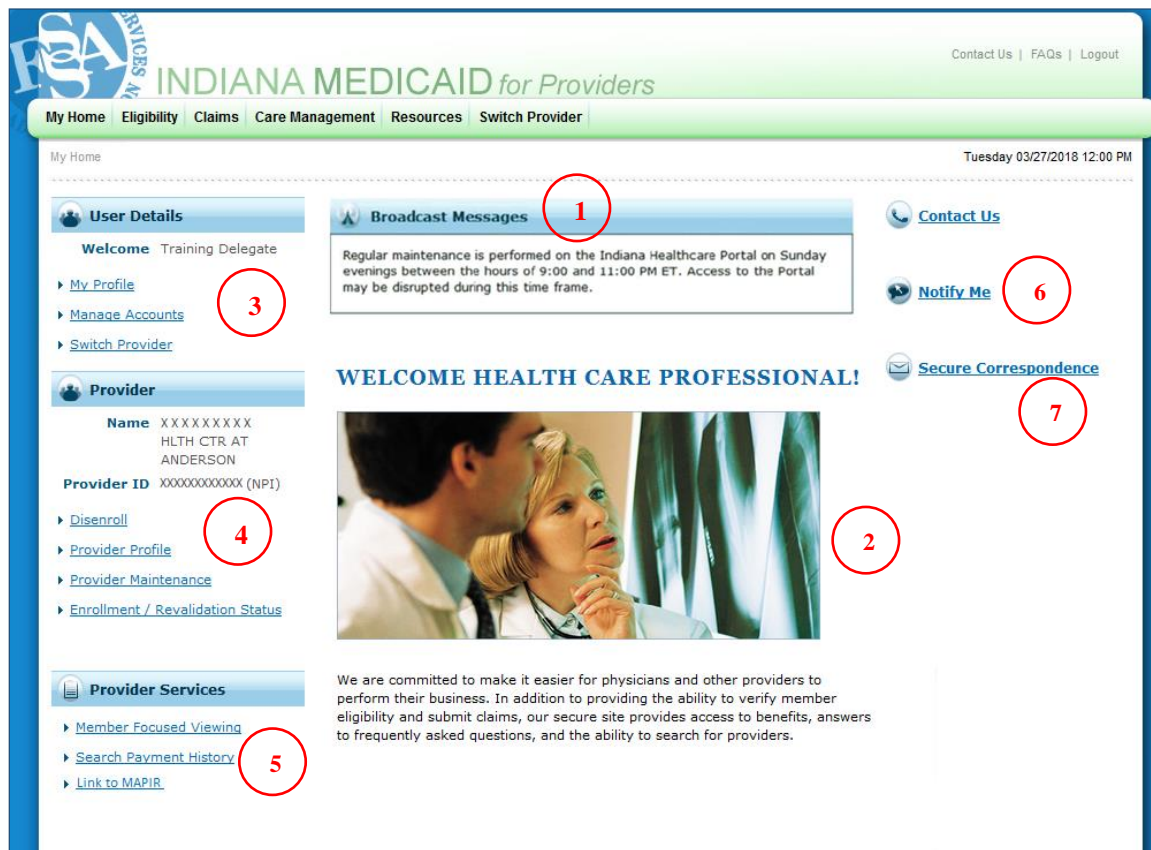


Table 1 – My Home Page Feature Descriptions

Ref #	Description
1	The Broadcast Messages section displays information related to the Portal such as scheduled maintenance. This box is only visible when message information is available and being broadcast.
2	The content area contains a welcome message with general information for IHCP providers using the Portal.
3	The User Details section includes the options to manage your user account information (<i>My Profile</i>). An option to manage the delegate assignments (<i>Manage Accounts</i>) will also be displayed, if the user is logged in as the provider representative or as a delegate who has been authorized to manage Delegate accounts. Delegates that are assigned to multiple provider service locations will also see an option to change the service location under which they are logged in (<i>Switch Provider</i>).
4	The Provider section displays the provider's name and National Provider Identifier (NPI) or Provider ID, and provides links to view provider profile, disenroll, change provider organization information (<i>Provider Maintenance</i>), revalidate (when applicable), and check status for enrollment/revalidation. (<i>These options are available only to users with permission to perform these functions.</i>)

Ref #	Description
5	The Provider Services section includes an option (<i>Member Focused Viewing</i>) that allows users to select a particular member so the system will autofill that member's information when performing functions such as submitting claims or PA requests and will return only results specific to that member when displaying information such as claims, authorizations, and coverage. This section also includes an option to view information about claim payments (<i>Search Payment History</i>) and to view Medical Assistance Provider Incentive Repository (MAPIR) information (<i>Link to MAPIR</i>). (<i>These options are available only to users with permission to perform these functions.</i>)
6	The Notify Me link gives subscribers access to all the email notifications.
7	The Secure Correspondence link allows users to send secure correspondence and attachments. (<i>This option is available only to users with permission to perform this function.</i>)

Eligibility

The **Eligibility** tab on the Portal menu bar enables users to access the *Eligibility Verification Request* page, from which they can confirm member enrollment for a given date and review coverage information, such as IHCP benefit plan assignment, as well as information about other insurance coverage if the member has third-party liability (TPL). Qualifying providers can also submit presumptive eligibility (PE) applications and notifications of pregnancy (NOPs) from this page, when applicable.

See the [Member Eligibility and Benefit Coverage](#) module for details about the information and options available when verifying member eligibility on the Portal.

Claims

To access the *Claims* page, select the **Claims** tab from the menu bar. The Claims page displays links to claim-related options that users can perform through the Portal. These options can also be accessed by placing your cursor over the Claims tab to activate the drop-down menu.

Figure 19 – Claims Page and Menu Options



The Portal allows providers to submit individual FFS, nonpharmacy claims electronically to the IHCP. The Portal accepts all FFS **institutional**, **professional**, and **dental** claims. See the [Claim Submission and Processing](#) module for detailed instructions on submitting each type of claim via the Portal.

A claim submitted through the Portal is assigned a Claim ID, which can be used for tracking purposes. Claims are available for viewing through claim inquiry (Search Claims) approximately 2 hours after submission. The Portal allows providers to perform voids and replacements to claims, as described in the [Claim Adjustments](#) module.

Providers can use the Search Payment History option under the Claims tab to access individual claim payment information as well as to view their Remittance Advice (RA) with all payment activity during a given month. See the [Financial Transactions and Remittance Advices](#) for more information.

Care Management

The following options are available on the *Care Management* page, which can be accessed by clicking the **Care Management** tab on the Portal menu bar. These same options can also be accessed by placing your cursor over the Care Management tab to display a drop-down menu:

- **Create Authorization** – Allows providers to submit FFS, nonpharmacy prior authorization (PA) requests electronically through the Portal. This tool is designed to help IHCP providers file PAs faster and more easily. Providers should be specific, clear, and concise on all PA requests to avoid PA suspensions. All information required for paper PA submissions is also required for Portal submissions. See the [Prior Authorization](#) module for instructions on using this and the following two options.
- **View Authorization Status** – Existing FFS, nonpharmacy PAs can be viewed by entering criteria in the search fields: Authorization Number, Service Type, Service Date, Member ID, Birth Date, First/Last Name, Provider ID, or Type.

PAs submitted electronically during business hours are viewable within 2 hours of submission.
- **Maintain Favorite Providers** – Up to 20 servicing providers may be added to your favorites list from this link. The favorites list is designed to help a user store and retrieve frequently selected providers when creating PA requests.
- **Notification of Pregnancy Inquiry** – Allows the user to search for Notifications of Pregnancy (NOPs) that were submitted on a member's behalf. (Applicable to managed care members only.) See the [Obstetrical and Gynecological Services](#) module for instructions on using this option.
- **Submit RCP Referral to Lock-In List** – Allows an RCP member's PMP to manage the referred providers on the member's lock-in list. Only the member's PMP can submit an RCP referral for a member via the Portal. (This feature is applicable to both FFS and managed care RCP members.) See the [Right Choices Program](#) module for instructions on using this option.

Figure 20 – Care Management Page and Menu Options



Resources

You can access other useful information by selecting the Resources tab from the Portal menu bar. The *Resources* page includes links to pages on the IHCP website where providers can find additional information.

Figure 21 – Resources Page



Switch Provider

Delegates that are assigned to multiple providers can log in under one provider and then use the Switch Provider menu option to switch to a different provider. Initially, the *Switch Provider* page shows the Selected Provider tab with information about the provider under which the delegate is currently logged in.

Figure 22 – Switch Provider Page – Selected Provider Tab

Switch Provider

Currently you are logged in as a delegate for PROVIDER NAME 1

Selected Provider ☐ Switch Provider

To search for or switch to another Provider, click the **Switch Provider** tab.

Selected Provider Information

Provider PROVIDER NAME 1 Email ImaDelegate@provider.com
Address

Roles
Provider - In Network: Validated

Identifiers
0000000001 (NPI)
000000002A
0000000003
000000004A

Selecting the Switch Provider tab displays a list of all *other* providers to which the delegate is assigned. Select the radio button for a provider in the Available Providers list and click **Submit** to switch to that provider.

Figure 23 – Switch Provider Tab

Switch Provider

Currently you are logged in as a delegate for PROVIDER NAME 1

Selected Provider ☐ Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name
Email

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 1

#	Display Name ▲	Email Address
1	<input type="radio"/> PROVIDER NAME 2	ImaDelegate@provider.com

Delegates that are assigned to large number of providers can use the Search function to filter the list of providers displayed to a single provider name or email address.

If a delegate is assigned to only one provider, the Switch Provider tab displays a message indicating that there are no providers to switch to.

Figure 24 – Delegates Assigned to Only One Provider

The screenshot shows a 'Switch Provider' dialog box. At the top, it says 'Currently you are logged in as a delegate for PROVIDER NAME'. Below this are two tabs: 'Selected Provider' and 'Switch Provider'. The 'Switch Provider' tab is active. Inside the tab, there is a text input field for 'Display Name' and an email input field with a blue icon. Below these fields are 'Search' and 'Reset' buttons. A message box with a red border contains the text: 'There are no Providers to display based on the search criteria selected.' At the bottom of the dialog are 'Submit' and 'Close' buttons.


Portal Account Management and User Tools

The following sections describe general Portal account management tasks and user tools. Instructions for function-specific tasks appear in the applicable provider reference module, as described in the [Introduction](#) section.

My Profile – Updating Portal User Information

The **My Profile** link (located in the *User Details* section of the *My Home* page) is available to all registered Portal users. Clicking this link takes users to the *My Profile* page, where they can update user information including telephone number, email address, and user-specific challenge questions and answers.

Figure 25 – My Profile Information

My Profile	
Contact Information	
Display Name	User's Name
Phone Number	317 555-0100
Current Email	user_email@mailserver.com
Edit	
Challenge Questions	
Challenge Question #1	What is your favorite sports team?
Answer to #1	Answer 1
Challenge Question #2	In what city were you born?
Answer to #2	Answer 2
Challenge Question #3	What is your mother's maiden name?
Answer to #3	Answer 3
Edit	
Site Key Token	
Site Key:	
Passphrase	Passphrase
Edit	
Password	
Change Password	

Note: The My Profile link is used to update Portal user account information only. It cannot be used to update provider information on file with the IHCP (commonly referred to as the "provider profile"). To view and update the provider profile, use the Provider Profile and Provider Maintenance links, under the Provider section of the My Home page, as described in the [Provider Enrollment](#) module.

Manage Accounts – Adding and Managing Delegates

The provider representative may add other Portal users as delegates, authorized to perform select functions on behalf of the provider. Delegates can also be authorized to create and manage Delegate accounts for that service location.

Add New Delegate

After logging in to the Portal as the provider representative (or as a delegate who has been authorized to manage Delegate accounts), follow these steps to add a new delegate:

1. Click the **Manage Accounts** link on the *My Home* page under the *User Details* section.
2. Select the **Add New Delegate** tab of the *Delegate Assignment* panel.

3. Enter the new delegate's first name, last name, birth date, and the last four digits of his or her driver's license number.

Note: If the delegate does not have a driver's license, any unique four-digit number can be used; however, delegates must remember the number, as it may be needed to validate their identity on the Portal.

4. Select all functions that the delegate will be authorized to perform on behalf of the provider.

Figure 26 – Add New Delegate

Delegate Assignment [Back to My Home](#) ?

Add New Delegate | **Add Registered Delegate**

* Indicates a required field.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

*First Name

*Last Name

*Birth Date

*Last 4 of Driver's License Number

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions

- ☐ Care Management - Submit Resubmit Authorization
- ☐ Care Management - View Authorization
- ☐ Claim - Inquiry
- ☐ Claim - Submit and Resubmit
- ☐ Disenroll
- ☐ Manage Delegate Accounts
- ☐ MAPIR
- ☐ Member Focus Viewing
- ☐ Notification of Pregnancy Inquiry
- ☐ Payment History - Inquiry
- ☐ Provider Maintenance
- ☐ Provider Profile Inquiry
- ☐ Revalidation
- ☐ Secure Correspondence
- ☐ Submit RCP Referral to Lock-In List
- ☐ Verify Eligibility

Submit **Cancel**

5. Click **Submit**.
6. The Portal displays the information entered and requires you to confirm or edit any data as needed. If all information is correct, click **Confirm**. If information is incorrect, click **Edit** and correct the data as needed.

Figure 27 – Confirm or Edit Delegate Information

Delegate Assignment Back to My Home

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name Delegate2_FN
Last Name Delegate2_LN
Birth Date MM/DD/YYYY
Last 4 of Driver's License Number 1234

Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☐ Disenroll
- ☐ Manage Delegate Accounts
- ☐ MAPIR
- ☐ Member Focus Viewing
- ☐ Notification of Pregnancy Inquiry
- ☐ Payment History - Inquiry
- ☐ Provider Maintenance
- ☐ Provider Profile Inquiry
- ☐ Revalidation
- ☐ Secure Correspondence
- ☐ Submit RCP Referral to Lock-In List
- ☐ Verify Eligibility

Edit **Confirm** **Cancel**

- When information is confirmed, the Portal alerts you that the new delegate is added and provides the delegate code. Communicate the delegate code to the new delegate and instruct the delegate to use the code to register a Delegate account in the Portal to begin using Portal functions for the provider.

Figure 28 – Delegate Code

Delegate Assignment

The delegate has been added to your delegate list.

The delegate code for the new delegate is **10079**. The delegate code is required to be communicated to the new delegate for registering with the portal.

OK

Add Registered Delegate

If the delegate being added is already a registered Portal user, follow this simplified process to add the delegate:

- Click the **Manage Accounts** link on the Portal's *My Home* page, under the *User Details* section.
- Select the **Add Registered Delegate** tab of the *Delegate Assignment* panel.
- Enter the delegate's last name and delegate code. The delegate code must be obtained from the delegate. The delegate code is not searchable by a provider within the Portal. If you do not know the user's delegate code, the delegate may be added using the Add New Delegate tab, and the system will automatically locate and attach the user's existing delegate code.

4. In the Functions area, select the functions that the delegate will be authorized to perform for the provider by clicking all applicable boxes.
5. Click **Submit** to receive confirmation that the delegate has been added to the provider's delegate list.
6. Communicate to the registered delegate that he or she has been added to the provider's delegate list.

Figure 29 – Add Registered Delegate

Delegate Assignment [Back to My Home](#)

[Add New Delegate](#) [Add Registered Delegate](#)

* Indicates a required field.
Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name

*Delegate Code

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions

- ☐ Care Management - Submit Resubmit Authorization
- ☐ Care Management - View Authorization
- ☐ Claim - Inquiry
- ☐ Claim - Submit and Resubmit
- ☐ Disenroll
- ☐ Manage Delegate Accounts
- ☐ MAPIR
- ☐ Member Focus Viewing
- ☐ Notification of Pregnancy Inquiry
- ☐ Payment History - Inquiry
- ☐ Provider Maintenance
- ☐ Provider Profile Inquiry
- ☐ Revalidation
- ☐ Secure Correspondence
- ☐ Submit RCP Referral to Lock-In List
- ☒ Verify Eligibility

Submit **Cancel**

Change Delegate Permissions or Deactivate Delegate Accounts

Follow these steps to change a delegate's status or authorized functions:

1. Click the **Manage Accounts** link on the Portal's *My Home* page, under the *User Details* section.
2. In the *Delegates* panel (Figure 30), click on the name of the delegate whose authorized functions you want to modify.

Figure 30 – Select Delegate Account

Delegates						
Click the Delegate's name to change the status and/or the functions of the delegate.						
#	Name ▲	Display Name	Birth Date	Last 4 of Driver's License Number	Delegate Code	Status
1	delegate_in, delegate_fn	delegate_fn delegate_in	MM/DD/YYYY	1234	XXXXX	Active - Pending

3. In the *Delegate Assignment* panel (Figure 29), under the *Edit Delegate* tab, change the functions that the delegate will be granted to perform or change the delegate status to inactive:
 - Select or deselect items in the Functions list to change delegate permissions.
 - Select the Inactive radio button in the Status field to deactivate the delegate's account.

Note: Delegates who are assigned a status of inactive are not able to access Portal functions for the provider that assigned them the inactive status.

When a delegate leaves an organization, it is the provider representative's responsibility to ensure that the delegate's accounts for all service locations with that provider are made inactive. The delegate can continue to use his or her same delegate code for a different provider organization. A delegate cannot be deleted from a provider's delegate list.

4. Click **Submit**.

Figure 31 – Edit Delegate Functions or Status

Delegate Assignment [Back to My Home](#)

Edit Delegate

Modify the fields below and click the **Submit** button to update the information.

First Name: delegate_fn
 Last Name: delegate_ln
 Birth Date: MM/DD/YYYY
 Last 4 of Driver's License Number: 1234
 Delegate Code: 10079
 *Status: ☒ Active ☐ Inactive

Select the functions that the delegate is authorized to access.
 (At least one function must be selected)

*Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☐ Disenroll
- ☐ Manage Delegate Accounts
- ☐ MAPIR
- ☐ Member Focus Viewing
- ☐ Notification of Pregnancy Inquiry
- ☐ Payment History - Inquiry
- ☐ Provider Maintenance
- ☐ Provider Profile Inquiry
- ☐ Revalidation
- ☐ Secure Correspondence
- ☐ Submit RCP Referral to Lock-In List
- ☐ Verify Eligibility

Submit **Cancel**

Switch Provider – For Delegates Assigned to Multiple Providers

Delegates that are assigned to multiple providers can change which provider account they are working under in the Portal by using the Switch Provider function, available under *User Details* on the *My Home* page or as a menu bar option on any Portal page. See the [Switch Provider](#) section for details.

Secure Correspondence

The Portal allows users to send secure correspondence messages to the IHCP.

1. From the *My Home* page, click the **Secure Correspondence** link to access the *Secure Correspondence – Message Box*. (The Secure Correspondence option is also available from various other pages of the Portal, as applicable.)
2. To create a new message, click the **Create New Message** link.

Note: The Secure Correspondence – Message Box shows previous messages you have sent from this same service location. Correspondence in this message box can be sorted by status, subject, message category, date opened (date the secure correspondence was submitted), or date closed (date of response). You can check the status and other details of messages you have sent by clicking the subject of the message.

Figure 32 – Secure Correspondence – Message Box

Secure Correspondence - Message Box				
Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.				
				Create New Message
Total Records: 1				
Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed	Test Message	Portal Assistance	08/17/2016	08/17/2016

3. In the *Create Message* panel, enter the subject of the new message, the category that best reflects the purpose of the message, return email address, any other pertinent information, and the message itself. The message category options are as follows:
 - *Banking/Financial/RA Inquiry* – For requesting an RA or submitting a question about an RA (fee-for-service, nonpharmacy only)
 - *Claim Administrative Review Request* – For requesting a claim-related administrative review (fee-for-service, nonpharmacy only)
 - *Claim Appeal* – For sending a claim-related appeal (fee-for-service, nonpharmacy only)
 - *Claim Inquiry* – For inquiries related to a claim (fee-for-service, nonpharmacy only)
 - *Coverage Inquiry* – For inquiries related to benefit limits (fee-for-service, nonpharmacy only)
 - *Enrollment Inquiry* – For inquiries regarding provider enrollment status
 - *Portal Assistance* – For questions about the Portal
 - *TPL Update* – For updates and questions regarding third-party liability (TPL)
 - *Other* – For all other types of secure correspondence
4. The *Attachments* panel allows you to add attachments to the correspondence.

Figure 33 – Secure Correspondence – Create Message

Secure Correspondence - Create Message Back to Message Box

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box.

* Indicates a required field.

*Subject

*Message Category

*Email Address

*Confirm Email Address

Member ID

Claim Number

Date of Service To

Medicaid Paid Amount

Paid Date

Provider/Facility

*Message

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	*Transmission Method	<input type="text" value="FT-File Transfer"/>			
	*Upload File	<input type="text"/> <input type="button" value="Browse..."/>			
	*Attachment Type	<input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

5. When all the appropriate information is entered, click **Send** to submit the message.
6. When the *Confirmation* window pops up, click **OK**.

Figure 34 – Confirmation Window



7. After the secure message is sent, a secure correspondence contact tracking number (CTN) is sent to the email address submitted in the *Secure Correspondence – Create Message* panel. The provider can use this CTN to track the status of the correspondence when logged into the same service location from which the correspondence was sent.
8. When the inquiry is resolved by the Written Correspondence analyst, the response is documented in the *Secure Correspondence – Message Box* and the status of the secure correspondence is updated. A notification email containing a link to the Portal's *Secure Correspondence* page is sent to the provider so the response can be reviewed. Providers cannot reply to the notification email. If a provider has questions or concerns about the response received, he or she must create a new secure message.

Member Focused Viewing

The Member Focused Viewing link allows users to find a member and place that member *in focus*. When a member is *in focus*, that member's information is automatically populated within the Portal. For example, if you select the Claims tab on the menu bar and then select **Claim Submission**, the information from the member *in focus* automatically appears in the appropriate fields of the claim and you do not need to enter it.

To place a member in focus, complete the following steps:

1. Click the **Member Focused Viewing** link in the *Provider Services* section of the *My Home* page.
2. In the *Member Focus Search* panel, the **Last Members Viewed** tab shows the last 10 members that have been placed *in focus*. To place one of these members back *in focus*, just select his or her name and skip to step 5.

Figure 35 – Last Members Viewed

Member Focus Search

Last Members Viewed

Search

The most recent members you viewed are listed below. Click on the member name below to access the Member Focus View.

Member ID	Member	Gender	Birth Date	City	ZIP Code
1111111111	Member's name	Female	MM/DD/YYYY	Indianapolis	46200
2222222222	Member's name	Male	MM/DD/YYYY	Indianapolis	46200
3333333333	Member's name	Female	MM/DD/YYYY	Indianapolis	46200

3. To place a new member *in focus*, select the **Search** tab, enter the member's information, and then click **Search**. The Search Results list shows those members that match the search criteria entered.

Figure 36 – Member Focus Search

Member Focus Search					
Last Members Viewed		Search			
<p>* Indicates a required field.</p> <p>Enter the Member ID or Last Name, First Name and Birth Date.</p>					
Member ID	<input type="text"/>	First Name	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	ZIP Code	<input type="text"/>		
City	<input type="text"/>				
Search		Reset			
Search Results					
Click on the member name below to access the Member Focus View.					
Member ID	Member	Gender	Birth Date	City	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. From the Member column in the *Search Results* panel, click the name of the member you want to put *in focus*.
5. With that member now *in focus*, the Portal shows the member's information and includes links to several actions you can perform for this member, such as view eligibility verification information, see details about a past claim or authorization request, send secure correspondence, or submit a new claim or authorization request.


Figure 37 – Member in Focus Information

Member in Focus:

Change

ID:

Close Member Focus



Member Details

Member ID XXXXXXXXXXXX
Name XXXX XXXXX
Birth Date XX / XX / XXXX
City XXXXXXXXX
State XX
Gender XXX
Primary Language XXXXXXXX

Coverage Details

To see details about the member's coverage, click any Coverage.
To see the member's basic eligibility information, click **View eligibility verification information**.

Coverage	Effective Date	End Date
Full Medicaid	10/07/2017	10/07/2017

[View eligibility verification information](#)

Other Details

Secure Correspondence

Review previously sent messages or send new secure messages.

Your Member Claims

Medical/Dental/Institutional
To start entry of a new claim, click the Submit link for the appropriate claim type.
To see details about a specific claim, click the Claim ID.

[Submit a Professional Claim](#)
[Submit a Dental Claim](#)
[Submit an Institutional Claim](#)

Claim ID	Service Date	Claim Type	Claim Status
XXXXXXXXXXXXXX	10/05/2017 - 10/06/2017	Professional	Finalized Payment
XXXXXXXXXXXXXX	10/05/2017 - 10/06/2017	Professional	Finalized Denied
XXXXXXXXXXXXXX	10/05/2017 - 10/05/2017	Professional	Finalized Payment

Your Member Authorizations

To start entry of a new authorization, click **Submit an Authorization**.
To see details about a specific authorization, click the Authorization #.

[Submit an Authorization](#)

There are no authorizations for this member.